

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation

Lagoon Type
Wastewater Treatment Plant

(Revised - 12/05)

Name of Facility		Permit Number	
Certified Operator: Name		Class	Certificate Number
			Expiration Date
Month:	Year	E-mail address: (if available)	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)		At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Cont. Tank Resid. Chlorine (mg/l) or E. Coli colony/100 ml	Final Residual Chlorine (mg/l)	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)	
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31																											
Average																											
Maximum																											
Minimum																											

Signature of Certified Operator		Date	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Officer, Principal Executive, or Authorized Agent		Date
Phone Number:						

Monthly Report of Operation Lagoon Type Wastewater Treatment Plant (Revised - 12/05)

Name of Facility	Permit Number	For Month Of:	Year
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Day of the Month	Influent Loading				Effluent Loading				Enter Comments Below:
	CBOD (lbs)	TSS (lbs)	CBOD (lbs)	TSS (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	
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27									
28									
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30									
31									
Avg									
Max									
Min									

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(SIGNATURE OF CERTIFIED OPERATOR)

(DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

(DATE)